

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/070271

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		1			
2		1		1		
3		2		2		
4		3		3		
5		4		4		
6		5		5		
7		6		6		
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12		11		11		
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14					1	
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45						1
46						1
47						1
48						1
49						1
50						1
TOTAL IND.	1	↓		↓	1	↓
TOTAL DER.	12	↓		↓	12	↓
TOTAL CLAIMS	13				13	

	*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DER.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

BEST AVAILABLE COPY